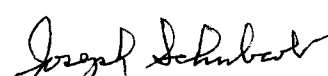


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency Office of Postsecondary Education - Fund for the Improvement of Postsecondary Education		OMB Control Number 1840-0761
Enter only items that change <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: small;"> Current Record New Record </div>		
Agency form number(s)	NA	NA
Annual reporting and record keeping hour burden Number of respondents Total annual responses Percent of these responses collected electronically Total annual hours Difference Explanation of difference Program Change Adjustment		 30 30 20% 900 0 0 0
Annual reporting and record keeping cost burden (in thousands of dollars) Total annualized capital/startup costs Total annual costs (O&M) Total annualized cost requested Difference Explanation of difference Program Change Adjustment		 \$0 \$0 \$0 0 0 0
Other change** The Project Title Page, Budget Summary, and Consortia Partner Identification forms for the U.S.- Brazil Higher Education Consortia Program will be available in FY 2006 in Grants.Gov. These three forms also will be consolidated into one set of common forms for the European Union-U.S. Cooperation Program and the Program for North American Mobility in Higher Education.		
Signature of Senior Officer or designee: 	Date: Sept. 13, 2005	For OIRA Use <hr style="border: 0; border-top: 1px solid black;"/>

**This form cannot be used to extend an expiration date
OMB 83-C

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
INTERNATIONAL CONSORTIA PROGRAM**

Project Title Form

Program _____ (drop down box)

Consortium Members -- U.S. Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members -- Foreign Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members -- Foreign Partners:

Lead: _____

Partner: _____

Project Title: _____

Abstract of Proposal: (1000 Character Limit)

<div></div>

Select project format:

- Four-year consortia project
- Two-year consortia project

Federal Funds Requested:

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Total: _____

CONSORTIUM PARTNERS IDENTIFICATION FORM

Program _____ (drop down box)

Country _____ (drop down box)

Lead Partner:

Name: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Name of Institution/Organization: (60 Character Limit) _____

Department: (60 Character Limit) _____

Complete Address: Street Name1: _____ Street Name2: _____

City: _____ State: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Partner Two:

Name: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Name of Institution/Organization: (60 Character Limit) _____

Department: (60 Character Limit) _____

Complete Address: Street Name1: _____ Street Name2: _____

City: _____ State: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Partner Three:

Name: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Name of Institution/Organization: (60 Character Limit) _____

Department: (60 Character Limit) _____

Complete Address: Street Name1: _____ Street Name2: _____

City: _____ State: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

U.S. Department of Education Budget Summary				OMB Control Number: xxxx-xxxx	
				Expiration Date: xx/xx/xxxx	
1. Program (drop down box)			2. Select One: Lead (fiscal agent) Partner		
3. Name of Institution/Organization:					
Project Costs Requested from FIPSE:					
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)
4. Personnel (salary & wages)					
5. Fringe Benefits (employee benefits)					
6. Travel					
7. Equipment (purchase)					
8. Supplies (and materials)					
9. Contractual (enter partner totals here)					
10. Other (equipment rental, printing, etc.)					
11. Total Direct Costs (lines 4-10)					
12. Indirect Costs* (8% of line 11)					
13. Mobility Stipends					
14. Language Stipends					
15. Subtotal of Stipends (lines 13+14)					
16. Total Requested from FIPSE (lines 11+12+15) (These figures should appear on the Title Form)					
Project Costs Not Requested from FIPSE:					
17. Lead Partner non-federal funds					
18. Subcontractor(s) non-federal funds					
Funds Requested by Foreign Partners:					
19a. Total Requested from Canada					
19b. Total Requested from Mexico					
19c. Total Requested from Brazil					
19d. Total Requested from Europe					
<p>*Indirect Cost Information (To be completed by Your Business Office):</p> <p>If you are requesting reimbursement for indirect costs on line 12, please answer the following questions:</p> <p>(1) Do you have an Indirect Cost Rate Agreement approved by the federal government? Yes No (Radio Button)</p> <p>(2) If Yes, please provide the following information:</p> <p> o Period covered by the Indirect Cost Rate Agreement: From: mm/dd/yyyy To: mm/dd/yyyy</p> <p> o Approving federal agency: ED Other (please specify): _____ (Radio Button)</p> <p>(3) For Restricted Rate Programs (select one) - - Are you using a restricted indirect cost rate that:</p> <p> Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? (Radio Button)</p>					